

Civil Action No. 1:20-cv-3090

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Byung J. Pak, United States Attorney, Northern Dist of GA  
 was received by me on *(date)* 07/24/2020 .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other *(specify)*: I served the summons on The United States Attorney's Office, Attn: Civil Process Clerk,  
 Richard B. Russell Federal Building, 75 Ted Turner Dr. SW, Ste. 600, Atlanta, GA 30303-3309  
 via CMRRR (sent on 07/31/2020 and received on 08/03/2020).

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 09/01/2020



*Server's signature*

Thelma Alvarado-Garza, Paralegal

*Printed name and title*

7500 Rialto Blvd., Bldg. Two

Ste. 250

Austin, Texas 78735

*Server's address*

Additional information regarding attempted service, etc:

Print

Save As...

Reset

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

us attorney's office  
 atten: Civil Process Clerk



9590 9402 5699 9346 4540 80

2. Article Number (Transfer from service label)

7007 0710 0001 5895 3199

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

D. Janson

☐ Agent☒ Addressee

B. Received by (Printed Name)

Simmons 339

C. Date of Delivery

8/3/20

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

CD-19

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery